

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Title 31, Section 505, Delaware Code.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION <sup>1</sup></b>	Social Security Administration and State Department of Health and Social Services, Division of Social Services.
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided for aged, blind, and disabled adults who are: 1) SSI recipients or would be except for income, and 2) certified by the Delaware State Department of Health and Social Services as living in an approved adult residential-care facility. Blind and disabled children under age 18 are not eligible for supplementation, but may receive benefits and services under the child welfare program.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Local office of the State agency for placement eligibility; Social Security Administration field offices for payment eligibility.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.
<b>INTERIM ASSISTANCE</b>	State does not participate.

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<sup>1</sup> State determines eligibility for special adult residential care supplement in local offices of State agency; Social Security Administration administers payment for both optional and mandatory minimum supplementation.

## PAYMENT LEVELS <sup>1</sup>

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living in Adult Residential Care facility	\$652.00	\$1,217.00	\$140.00	\$448.00

## STATE ASSISTANCE FOR SPECIAL NEEDS

**ADMINISTRATION** State Department of Health and Social Services, Division of Social Services.

**SPECIAL NEED CIRCUMSTANCES** State provides cash assistance for specific emergencies on a one-time basis.

## MEDICAID

### ELIGIBILITY:

**CRITERION** SSI program guidelines (title XVI).

**DETERMINED BY** Social Security Administration.

**MEDICALLY NEEDY PROGRAM** No program for the aged, blind, or disabled medically needy.

**UNPAID MEDICAL EXPENSES** The Social Security Administration obtains this information.

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	District of Columbia Laws 2-35, as amended, and 3-23.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION <sup>1</sup></b>	Social Security Administration and the District of Columbia Department of Human Services, Income Maintenance Administration.
<b>PASSALONG</b>	In compliance by the method of total expenditures.
<b>SCOPE OF COVERAGE</b>	Optional supplement provided to persons residing in adult foster care homes who are eligible for SSI payments or would be eligible except for income. No statutory minimum age requirements for receiving adult foster care supplementation, but children receive assistance through child welfare services provisions.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None except those cases in which liens were assigned prior to the establishment of the SSI program.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Department of Human Services, Income Maintenance Administration for adult foster care home eligibility; Social Security Administration field offices for payment eligibility. <sup>1</sup>
<b>FUNDING</b>	Assistance: District of Columbia funds. Administration: District of Columbia funds.

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<sup>1</sup> For the adult foster care supplement, the District determines eligibility and the Social Security Administration (SSA) administers the payment. For all other supplements, including mandatory minimum supplementation, SSA determines eligibility and administers the payment.

**INTERIM  
ASSISTANCE**

District does not participate.

**PAYMENT LEVELS <sup>1</sup>**

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Adult foster care home (50 beds or less)	\$819.00	\$1,638.00	\$307.00	\$869.00
B	Adult foster care home (over 50 beds)	929.00	1,858.00	417.00	1,089.00
G	Medicaid facility	70.00	140.00	40.00	80.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

**DETERMINED BY**

Social Security Administration.

**MEDICALLY NEEDY  
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL  
EXPENSES**

The Social Security Administration obtains this information.

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

## OPTIONAL STATE SUPPLEMENTATION

<b>STATUTORY BASIS FOR PAYMENT</b>	Annotated Code of Maryland, Article 88A, Section 3(a), 5, effective January 1, 1974 and Code Of Maryland Annotated Regulations, .07.03.07.
<b>EFFECTIVE DATE</b>	July 1, 1974.
<b>ADMINISTRATION <sup>1</sup></b>	Department of Human Resources, Family Investment Administration, and in some instances, Department of Health and Mental Hygiene, Mental Hygiene Administration.
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided to aged, blind, and disabled individuals living in a Care home or in a Dom Care facility who are eligible for payments under the SSI program or who would be eligible except for income. Blind and disabled children are not eligible for optional supplementation.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	Husband for wife.
<b>INCOME DISREGARDS</b>	Disregards \$20 of any unearned income including SSI.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Local county social services agencies.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.
<b>INTERIM ASSISTANCE</b>	State participates.

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<sup>1</sup> Mandatory minimum supplementation is administered by the Social Security Administration.

**PAYMENT LEVELS <sup>1</sup>**

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple <sup>2</sup></u>	<u>Individual</u>	<u>Couple <sup>2</sup></u>
	Care Home:				
	I. Minimal supervision	\$578.00	---	\$66.00	---
	II. Moderate supervision <sup>3</sup>	687.00	---	175.00	---
	III. Extensive supervision <sup>3</sup>	975.00	---	463.00	---
	IV. Specialized and intensive Supervision <sup>3</sup>	1,178.00	---	666.00	---
	DomCare <sup>3</sup>	696.00	---	184.00	---

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration obtains this information.

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>2</sup> The State supplementation rate for individuals applies to each member of a couple.

<sup>3</sup> Includes an \$82.00 personal needs allowance.

## OPTIONAL STATE SUPPLEMENTATION

<b>STATUTORY BASIS FOR PAYMENT</b>	Article IV, Section 432(2), and Pennsylvania Public Welfare Code.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION <sup>1</sup></b>	Social Security Administration and State Department of Public Welfare.
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional supplement provided to aged, blind, and disabled persons who receive SSI payments or would receive them but for excess income. Persons residing in public institutions or in certified medical facilities where Medicaid is paying more than 50 percent of the cost of care are not eligible for supplementation. Blind and disabled children are eligible for optional supplementation, except for domiciliary care and personal care homes where they must be age 18 or older.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Social Security Administration field offices.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.

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<sup>1</sup> State determines eligibility for domiciliary care and personal care home supplement; Social Security Administration administers all State supplementary payments including mandatory minimum supplementation.

**INTERIM  
ASSISTANCE**

State participates.

**PAYMENT LEVELS <sup>1</sup>**

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone	\$539.40	\$812.70	\$27.40	\$43.70
B	Living in household of another	368.74	556.37	27.40	43.70
C	Living with an essential person <sup>2</sup>	812.70	1,094.05	43.70	68.05
D	Living with an essential person in household of another <sup>3</sup>	556.37	752.05	43.70	68.05
G	Domiciliary care facility for adults	841.30	1,506.40	329.30	737.40
H	Personal care home	846.30	1,516.40	334.30	747.40

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

State Department of Public Welfare.

**SPECIAL NEED  
CIRCUMSTANCES:****BURIAL  
EXPENSES**

Up to \$350 in absence of other resources to meet cost.

**MOVING  
EXPENSES**

If moving required because of eviction or for health and welfare reasons, up to \$200 may be paid (once in a 12-month period).

**MEDICAL  
TRANSPORTATION  
EXPENSES**

Provides transportation expenses to and from medical appointments for those who need assistance.

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.<sup>2</sup> Applies only to cases converted from former State assistance programs.



## MEDICAID

### **ELIGIBILITY:**

**CRITERION** SSI program guidelines (title XVI).

**DETERMINED BY** Social Security Administration.

**MEDICALLY NEEDY PROGRAM** Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL EXPENSES** The Social Security Administration obtains this information.

## OPTIONAL STATE SUPPLEMENTATION

<b>STATUTORY BASIS FOR PAYMENT</b>	Code of Virginia 63.1-106, 63.1-124, 63.1-25.1 <sup>1</sup>
<b>EFFECTIVE DATE</b>	July 1, 1974.
<b>ADMINISTRATION <sup>2</sup></b>	Department of Social Services.
<b>PASSALONG</b>	In compliance by the method of total expenditures.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided to needy aged, blind, and disabled persons who live in an adult care residence (domiciliary institution) or in approved adult family care homes and who are eligible for SSI benefits or who would be eligible except for excess income. Blind and disabled children are ineligible for optional supplementation.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	When applicable, a disregard for income allotted to the support of children and/or spouse at home is allowed in addition to Federal SSI income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Local Departments of Social Services.
<b>FUNDING</b>	Assistance: 80 percent State funds; 20 percent local funds. Administration: 80 percent State funds; 20 percent local funds.
<b>INTERIM ASSISTANCE</b>	State participates.

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<sup>1</sup> State supplementation program known as Auxiliary Grants program.

<sup>2</sup> Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**PAYMENT LEVELS <sup>1</sup>**

<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Adult care residence <sup>2</sup>				
Planning district 8 <sup>3</sup>	\$960.00	\$1,920.00	\$448.00	\$1,151.00
All other areas	842.00	1,602.00	330.00	833.00
Adult family care: <sup>4</sup>				
Planning district 8 <sup>5</sup>	650.00	1,294.00	138.00	525.00
All other areas	574.00	1,142.00	62.00	373.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	State guidelines.
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>2</sup> Represents the maximum allowance; lower amounts may be paid depending on the cost of the facility. Includes a personal needs allowance of \$57, and a 15% differential in Planning District 8.

<sup>3</sup> Planning district 8 includes the counties of Arlington, Loudon, Prince Williams, Fairfax and the city of Alexandria.

<sup>4</sup> Administered in selected counties, effective August 1982; includes a personal needs allowance which is now \$57.

**OPTIONAL STATE SUPPLEMENTATION**<sup>1</sup>

State does not provide optional supplementation.

**STATE ASSISTANCE FOR SPECIAL NEEDS**<sup>2</sup>**ADMINISTRATION**

Department of Health and Human Resources, Bureau for Children and Families.

**SPECIAL NEED  
CIRCUMSTANCES:****ADULT FAMILY-  
CARE HOME**

Payment of \$511-\$581 monthly (depending on amount of care required for each recipient) provided on behalf of every aged, blind, or disabled person living in personal-care home who has been approved for SSI or persons not eligible for SSI but are eligible for a state supplement.

**PERSONAL-CARE  
HOME**

Payment of \$627 monthly provided on behalf of every aged, blind, and disabled persons living in a personal-care home who has been approved for SSI or is income eligible.

**PERSONAL-CARE  
SERVICES**

In August 1996, the Personal Care Services Program was transferred from the Office of Social Services to the Community Care Program in the Bureau for Senior Services. To qualify; aged, blind and disabled persons must be income eligible recipients of SSI, and have a physician certify that they are in need of these services. The purpose of these services is to enable persons to stay in their current living situation. Personal services are provided through the county senior centers. The senior centers employ the personal care providers and pay them directly.

**EMERGENCY  
FINANCIAL  
ASSISTANCE**

Amounts vary with need but cannot exceed various maximums. Provided on behalf of eligible persons who have emergency needs for the items covered by the program, such as: utilities, shelter, food, clothing, etc. Payments may be made to individuals or families to cover an emergency for up to 30 consecutive days in any 12-month period.

<sup>1</sup> State does not have a mandatory minimum supplementation program. State does not participate in the Interim Assistance Reimbursement program.

<sup>2</sup> Vendor payments.

## **SPECIAL NEED CIRCUMSTANCES (CON.)**

### **BURIAL EXPENSES**

Up to \$750 is provided for burial expenses for persons who do not possess sufficient resources to pay for burial expenses. A contribution of up to \$1,200 toward burial expenses from any source is excluded from consideration as a resource in determining the assistance amount for burial expenses.

## **MEDICAID**

### **ELIGIBILITY:**

#### **CRITERION**

SSI program guidelines (title XVI).

#### **DETERMINED BY**

Social Security Administration.

### **MEDICALLY NEEDY PROGRAM**

Program for the aged, blind, and disabled medically needy.

### **UNPAID MEDICAL EXPENSES**

The Social Security Administration obtains this information.